FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

500.42015VX1

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a perceptual or the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

indicated unless corrected t maintenance fee notification	below or directed otherwise us.	in Block I, by (a)	specifying a	new correspondence ad	uress, and/or (b) inc	ncamig a scpa	IAC TEE ADDRESS TO	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) Note: A certificate of mailing can only be used for domes Fee(s) Transmittal. This certificate cannot be used for any o							or domestic mailings of the	
				papers. Each add	litional paper, such a ificate of mailing or	is an assignme	ent or formal drawing, must	
020101	590 12/21/2004	DATIC LLD		liave its own cert	-			
ANTONELLI, TERRY, STOUT & KRAUS, LLP 1300 NORTH SEVENTEENTH STREET States Postal Service with sufficient p							g deposited with the United	
SUITE 1800	'ENTEENTH STREET	IPE	I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.					
ARLINGTON, VA	transmitted to the USPTO (703) 746-4000, on the date indicated below.							
man or	(Depositor's name)							
	(w	JR 2 1 2005 E					(Signature)	
	屋"	~ #	1				(Date)	
APPLICATION NO.	FILING DATE	, ART FI	IRST NAMEI	INVENTOR	ATTORNEY I	DOCKET NO.	CONFIRMATION NO.	
	02/20/2004	Go M		/liva	500.420	15VX1	3698	
10/781,689 02/20/2004 Go Miya 500.42013 VX1 3698 TITLE OF INVENTION: DIAGNOSIS METHOD FOR SEMICONDUCTOR PROCESSING APPARATUS								
TITLE OF INVENTION: L	NAGNOSIS METHOD FOR	SEMICONDUCTO	JK PROCES	3110 AI I AICA 103				
•						•		
APPLN, TYPE	SMALL ENTITY	ISSUE FE	F	PUBLICATION FEE	TOTAL FI	E(S) DUE	DATE DUE	
	NO NO	\$1400		\$300		700	03/21/2005	
nonprovisional								
EXAMINER		1763		CLASS-SUBCLASS				
HASSANZADEH, PARVIZ				156-345240				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list Antonelli, Terry, S. (1) the page of the 2 printing of the patent strongers and the page of the strongers of the page of the strongers of the page of th								
CFR 1-363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form								
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO E	E PRINTED ON T	HE PATEN	T (print or type)				
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified b in 37 CFR 3.11. Completion	elow, no assignee of of this form is NOT	lata will app a substitute	pear on the patent. If an for filing an assignment.	assignee is identifie	d below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR &3/132/1240)5 SZEWDIE2 00000189 10781689								
Hitachi High-	Technologies Co	rporation	Т	okyo, Japan	01 FC:1501 02 FC:1504		1400.00 OP 300.00 OP	
Please check the appropriat	te assignee category or catego	ories (will not be pri	inted on the	patent): 🗖 Individual	Corporation or	other private gr	roup entity Government	
				. Payment of Fee(s):				
Issue Fee				A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $01-2135$ (enclose an extra copy of this form).				
	s (from status indicated abov					0 - 27 (TED 1 22(-)/2)	
• •	SMALL ENTITY status. See			cant is no longer claiming				
NOTE: The Issue Fee and) is requested to apply the Iss Publication Fee (if required) cords of the United States Pa	will not be accepted	i irom anyor	ny) or to re-apply any pro- ne other than the applicant	eviously paid issue fit; a registered attorne	ey or agent; or	the assignee or other party in	
Authorized Signature _	Sand Johns	iahi		_ Date	March 21	, 2005		
Typed or printed name Paul J. Skwierawski				· · ·	stration No	32,173		
This collection of information an application. Confidential submitting the completed	tion is required by 37 CFR 1. ality is governed by 35 U.S.C application form to the USP	311. The informatio 122 and 37 CFR TO. Time will vary	n is required 1.14. This co depending t	to obtain or retain a bene ollection is estimated to ta upon the individual case.	efit by the public whake 12 minutes to co Any comments on t	ich is to file (ar mplete, includ he amount of t	nd by the USPTO to process) ing gathering, preparing, and time you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.